

Instructions: You should first make a good-faith effort to settle a disputed transaction(s) directly with the merchant. If assistance is required, please complete this form, and fax or mail with required enclosures within 60 days of the transaction date to:

Mail To: WageWorks, Inc. **OR** **Fax: (866) 672-0899**
 Attn: Card Operations – Dispute
 P.O. Box 60068
 Phoenix, AZ 85082-0068

Employee Information			
Employee Name (Last, First)		Last 4 Digits of SSN/Employee ID	
Address			
Name of Cardholder		Contact Phone Number	
Email Address		Employer Name	
Last 4 digits of Card#		Card Type (check one)	<input type="checkbox"/> Commuter <input type="checkbox"/> Parking <input type="checkbox"/> Healthcare
Transaction Date	Merchant	Transaction Amount	
<i>If disputing more than three (3) transactions, please list on a separate sheet and attach.</i>			
1)			
2)			
3)			
Reason for Dispute (check only one box below)			
<i>Please attach a copy of the original signed card receipt for each disputed transaction.</i>			
<input type="checkbox"/> Services Not Received	I have not received the merchandise or services represented by the transaction. The expected date of delivery of services was _____ (date). (Please describe your efforts to resolve this matter with the merchant, the date(s) you contacted them and their response in the Merchant's Response section below.)		
<input type="checkbox"/> Unauthorized Transaction	I did not give authorization for anyone to make this transaction. Further, that no goods or services represented by the charge were received by me or anyone I authorized. <input type="checkbox"/> My WageWorks Card was in my possession <input type="checkbox"/> My WageWorks Card was NOT in my possession (i.e. lost and/or stolen)		
<input type="checkbox"/> Defective or Wrong Merchandise	I returned the merchandise on _____ (date) because it was _____.		
<input type="checkbox"/> Charge(s) Paid by Other Means	I already paid for the goods and/or services by means other than my WageWorks Card. (Please provide a copy of the front and back of the Cancelled check, money order, cash receipt, credit card statement, or other documentation as proof of purchase/payment. Describe your efforts in the Merchant's Response section below.)		
<input type="checkbox"/> Credit Not Received	I did not receive credit from the merchant shown above. (Please describe your efforts to resolve this matter with the merchant, the date(s) you contacted them and their response. Provide a detailed statement explaining your reason(s) for disputing this charge.)		
Merchant Response (provide all details and dates of merchant interaction from the dispute reason above)			
<i>If additional space is needed, please provide details on a separate sheet and attach.</i>			
By Signing, You Consent to the Following:			
<ul style="list-style-type: none"> I give my authorization to WageWorks, Inc. to release any information regarding my Card and/or Card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I will cooperate in any investigation and promptly disclose any information requested by WageWorks, Inc. I understand that incomplete or inaccurate information could result in the decline of my dispute claim. 			
Cardholder Signature (required): _____		Date: _____	
Employee Signature if not Cardholder (required): _____		Date: _____	